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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 2445

SERIAL NUMBER 10/827,168	FILING DATE 04/19/2004 RULE	CLASS 351	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. D-2877CON2
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/171,718 06/14/2002
 and is a CON of 09/818,244 03/27/2001 PAT 6,467,903 *S/8*
 which claims benefit of 60/193,493 03/31/2000

** FOREIGN APPLICATIONS ***** *ARNE S/8*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/28/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>S/8</i>	Met after Allowance			
Verified and Acknowledged	Examiner's Signature <i>S/8</i>	Initials	DRAWING 7	20	1

ADDRESS

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TITLE

Contact lens having a uniform horizontal thickness profile

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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